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PRACTICAL TREATISE,

ON

PORRIGO, &c.







*Fig. 1. Porrigo larvatis.*



*Fig. 1. Porrigo favosa, affecting the face.*

*Sellers, sc.*









A  
PRACTICAL TREATISE,  
ON  
PORRIGO, OR SCALLED HEAD,  
AND ON  
IMPETIGO,  
THE HUMID, OR RUNNING TETTER:

WITH COLOURED ENGRAVINGS ILLUSTRATIVE OF THE DISEASES.

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BY THE LATE  
ROBERT WILLAN, M.D. F.R.S. & F.A.S.

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EDITED  
BY ASHBY SMITH,  
MEMBER OF THE ROYAL COLLEGE OF SURGEONS IN LONDON.

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## P R E F A C E.

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IN presenting this posthumous work of Dr. Willan to the public, the Editor conceives it necessary to substantiate its claims to confidence, by briefly stating the circumstances under which it has devolved upon him to superintend its publication.

In the autumn of 1811, the declining state of Dr. Willan's health induced him, with the view of escaping the rigour of an English winter, to undertake a voyage to Madeira, where he landed, accompanied by the Editor, early in the month of December. For a while, the benign temperature of the climate seemed to arrest the progress of his disorder, but the favourable appearances were only temporary, and were succeeded in the spring by an aggravation of symptoms, which, on the 7th of April, 1812, terminated his valuable life, in the fifty-fourth year of his age.

On his arrival at Madeira, Dr. Willan devoted himself to the revision and correction of his Manuscripts, a part of which he, in a considerable degree remodelled. In this task, he engaged the assistance of the Editor, and finally placed in his hands the present work, prepared for the press.

Under



Under these circumstances, and in consideration of the near connexion of the Editor with the Doctor's family, his Representatives have been induced to request his assistance in presenting it to the world.

Dr. Willan, at the time of his death, was engaged in several literary undertakings; but, on the subject of Cutaneous Diseases, strictly speaking, he left nothing, with the exception of the present treatise, in a state to meet the public eye. This work, with the addition only of a few notes, which are particularly designated where they occur, and of Fig. 1.\* of PLATE V. representing the advanced stage of Impetigo Sparsa, is published as it came into the possession of the Editor.

These pages, it is very evident, were composed by Dr. Willan in the prosecution of his grand design for the arrangement and description of Cutaneous Diseases, which it is much to be lamented he did not live to finish. Desirable, however, as the completion of the system would have been, yet this desideratum does by no means impair the value of its component parts. The subjects now presented to the public, limited as they are in number, may be regarded as in themselves complete, and of considerable importance. They formed a very interesting part of the volume to be published; and are perhaps the most material of all the genera that remained to be treated of by the learned Author. The same degree of science, the same care and fidelity, that distinguished the former Parts of the Author's  
Work,

\* The engraving above referred to, has been executed by the artist usually employed by the Author, from a drawing of the disease, taken for him a short time before he went abroad.

Work, are exhibited in the present. In making this assertion, the Editor trusts he will not be considered as presumptuously obtruding his opinion on the public. If he should, the statement of a few circumstances may help to remove such prejudice.

The foundation of Dr. Willan's whole fabric, consisting of a large portion of original Notes, and all his Case-books, are now in the possession of the Editor; these he has carefully consulted and compared; the terms of intimacy that subsisted between himself and the Author, furnished him with ample means of ascertaining the extent of Dr. Willan's indefatigable zeal in all matters of medical research; and who, at length, contemplating the uncertainty of his recovery, unlocked to the Editor, in moments of friendly intercourse, the vast stores of information which he had treasured up on various departments of medical science, but more especially on Cutaneous Disorders. It is from these opportunities of forming an opinion, that he has ventured to speak in favour of the present work.—The public, however, will form its own judgment.

The greater part of the following pages is occupied with the description and treatment of Porrigio. The contagious property, and daily increasing extension of this loathsome malady, render the investigation of it an object of peculiar interest; while the difficulty of removing it has long occasioned it to be classed among the *opprobria medicorum*. Indeed, from the time of the earliest medical writers, this branch of the healing art appears to have been involved in much obscurity; nor is the period in the history of medicine very remote, when the practice of it was, in a great degree, suffered to rest in the hands of empirics.



How far this publication may supply the deficiency which has so long existed in the medical world, remains for the public to determine; but its utility, in arranging the varieties of Scalled Head, discriminating and illustrating their diagnostic symptoms, and recommending a mode of treatment, the result of thirty years' extensive and successful practice, will, it is conceived, be generally acknowledged.

The latter part of this treatise contains a description of the appearances and treatment of Impetigo, the Humid, or Running Tetter; which, although the disorder possesses no feature in common with Porrigo, except its pustular origin, will be considered valuable, as the production of an Author, whose former labours have thrown so much light upon the subject of Cutaneous Diseases.

A. S.

10, *Bloomsbury Square*,  
*Sept. 24, 1814.*



A

## PRACTICAL TREATISE,

§c. §c.

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THE Porrigo is a contagious disease, without fever, usually exhibiting an eruption of the pustules termed Achores and Favi.

The Achor is a small acuminate pustule, which contains a straw-coloured fluid, having the appearance, and nearly the consistence of strained honey. It appears most frequently about the head, and is succeeded by a dull white, or yellowish scab. The Favus or Cerion is larger and less elevated than the Achor; being succeeded by a yellow, semi-transparent, and sometimes cellular scab, like a honeycomb. The above definition of these pustules, is conformable to the account given of them both by ancient and modern writers. “They are,” according to Galen,\* “ulcerations peculiar

\* Gal. De Med. facîle parab. De Tumor. Præt. Nat. and De Comp. Med. Sec. loc. lib. 1.

Compare Oribas. De Loc. Affect. Curat. lib. iv. cap. 12. Aet. Tetrabibl. 2. 2. cap. 68. Alex. Trallian. lib. i. cap. 8 and 9.

B

peculiar to the hairy scalp, the former of which (Achor) discharges from very small pores, a viscid ichor, but the Cerion or Favus exhibits larger perforations, and a discharge of humour similar in colour and consistence to Hymettian honey." "These ulcerations," he adds, "are preceded by itching, and an appearance of tumors, or pustules, which are small in the Achor, but of a larger size in the Favus." Alexander Trallianus\* and Actuarius† have, with unnecessary minuteness, distinguished these pustules from the ulcerations in which they terminate, under the titles of *Psydracia capitis*, and *Exanthemata capitis*. Pliny denominates the ulcerations, "*Capitis ulcera manantia*,"‡ and he seems to distinguish them from *Porrigo* and *Furfures*; but Celsus has comprized the *Pityriasis*, *Achores*, and *Ceria* or *Favi* of the Greeks, under *Porrigo* as a generic term,§ the *Cerion*, or *Melicerides*|| mentioned by him being a different complaint.

The Arabians describe the *Achores* and *Favi*, under the  
titles

\* Alex. Trall. lib. i. cap. 5.

† Actuar. Meth. Med. 6. 1.

‡ Plin. Nat. Hist. lib. xx. cap. 4. 6. 9. 13.

§ *Porrigo autem est, ubi inter pilos quædam quasi squamulæ surgunt, eæque à cute resolvuntur; et interdum madent, multò sæpiùs siccæ sunt. Idque evenit, modo sine ulcere, modo exulcerato loco: huic quoque modò malo odore, modò nullo accedente. Ferèque id in capillo fit, rariùs in barbâ, aliquando etiam in supercilio.* De Medicinâ, lib. vi. cap. 2.

|| Cels. lib. v. cap. 18. 28. Compare Aet. Tetrab. 4. Serm. iii. cap. 11.



titles of *Alsahapha* or *Alsahaphati*,\* and *Alsahara*, but chiefly copy Galen's account of them.† The word *Tinea* has been often employed generically to express the different appearances of these pustular eruptions, however as it belongs to the Arabic‡ language, I decline the use of it in favour of the Latin term *Porrigio*,§ which is familiar and appropriate.

Under

\* Rhazes divides the *Sahaphati* into moist and dry.

De Re Med. lib. v. cap. 16.

The moist *Sahaphati* is by Avicenna, termed *Al-shirengi*. He thinks the dry species is of the nature of *Al-kouba*, or *Scaly Tetter*.

Lib. iv. Fen. vii. Tr. 3. 1.

† See I. f. *Serapion*, Tr. I. cap. 3. Rhazes ad *Almansor*, I. 110. *Alsaharavius Pract.* Tr. I. cap. 9. 11.

‡ *Al-tin*, *Al-thin* or *Al-thim*, and *Albathin*. Haly f. Abbas has given names to six species or varieties of the *Tinea*, translated *favosa*, *ficosa*, *ichorosa*, *uberosa*, *lupinosa*, and *furfurosa*. These denominations have been adopted by Guido de Cauliaco, Amb. Parè, Forestus, Sennertus, and others.

Haly, Theorice, lib. viii. 18.

Avenzoar distinguishes the *Sahara*, *Tinea*, and *Sahaphati*. He considers the first as a species of *Scabies*.—Tract. I. capitul. 1.

Compare Eustach. Rud. De Symptom. Extern. cap. 4.

Several later authors arrange the *Achores*, *Favi*, *Porrigio*, *Tinea*, *Scabies capitis*, and *Crusta lactea*, as distinct genera of disease. Others, constituting *Scabies* the generic term, arrange the rest under it.

See Fernel. De Extern. Affect. lib. vii. cap. 5. Hafenreffer, De Cut. Affectib. lib. i. cap. 17.

§ This word appears to be derived from *Porrurum*,—the odour of the scab, and exudation in the disease, having been compared to that of a leek.



#### 4 ON PORRIGO, OR SCALLED HEAD.

Under the genus PORRIGO, I propose to consider the following varieties, *Porrigo larvalis*, *Porrigo furfurosa*, *Porrigo lupinosa*, *Porrigo scutulata*, *Porrigo decalvans*, *Porrigo favosa*.

1. The PORRIGO LARVALIS\* generally appears first on the forehead, in minute pustules, with a whitish point, set close together, and producing a redness and inequality of the surface, attended with considerable itching. The pustules break in a few days, and discharge a clear, viscid humour, which gradually concretes into thin yellowish scabs. From beneath these a discharge of fluid takes place, from time to time, and forms additional layers of scab, of a brown or blackish colour, till the forehead is completely incrustated. The scabs are in some places thick and rounded, though not very compact; in others, thin or laminated, and loose at the edges. They do not separate at regular periods: if any of them be detached, the surface is presently covered by a new incrustation. The scab is alternately dry and humid. Sometimes, from a fresh eruption of the pustules, or from other circumstances, the discharge becomes on a sudden so profuse

\* It is by medical writers generally termed *Crusta Lactea*.

Dr. Armstrong calls it the *Tooth-rash*, because it appears so frequently at the time of teething in infants. "Sometimes," he says, "it spreads all over them, and appears very much like the Itch. Sometimes it is confined to the head and face, putting on the form of large scabs or blotches, a good deal like the small-pox just after they are turned."

On the Diseases of Children.

profuse that all the surface is laid bare, and remains for several days in a state of ulceration, emitting a thin, viscid, and acrimonious fluid from innumerable pores. Very young infants are most liable to be thus affected, and they suffer extremely from pain, itching, and irritation, when the complaint is extensive. On the cessation of the discharge, brown or blackish scabs gradually form again, and cover the ulcerated part. When the disease is about to terminate, the scab becomes dry, and sometimes whitish, and at length falls off, leaving a red, shining cuticle, indented with deep lines, and very brittle,—hence it cracks and exfoliates, and is renewed perhaps three or four times before it acquires the usual colour and texture.

This complaint is not always confined to the forehead. In some cases, it appears first on the hairy scalp, the pustular eruption being preceded for some weeks by the Dandriff, or Pityriasis capitis.\* In other cases, it may be first observed on the cheeks, or chin, on the temples, or about the ears. Wherever the disease commences, it usually extends, in the course of two or three months, to all the parts above mentioned, and likewise to the neck or breast, so that the whole face looks as if covered with a vizor,† the nose and eyelids alone being exempt from the dark incrustation; See PLATE 1. Fig. 1. The fluid, which perpetually distils from among the scabs, diffuses a rank, unpleasant smell, and is very  
acrimonious,

\* On Cutaneous Diseases, p. 192.

† From this appearance, Dr. Willan denominated the disease, *Porrigo larvalis*.



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acrimonious, for it excoriates the adjoining parts where no eruption had previously appeared. Dr. Strack remarks, that when the complaint is disposed to terminate spontaneously, the patient's urine smells like the urine of a cat; but he says the disease continues so long as the urine retains its usual odour.\* The trunk of the body, and the extremities, are sometimes affected in this species of Porrigo. I have seen it on the back and loins, on the arms, thighs, and legs. An eruption of numerous, small Achores, is succeeded by layers of brown or blackish, laminated scabs, which nearly cover all the parts affected. After a few weeks, the scabs become dry, and whitish; and at length fall off, discovering a red, smooth, and shining cuticle, but the disease often returns in the same places, and exhibits the same appearances as at first. Although the eruption may commence in any of the situations above mentioned, yet it seldom remains long without affecting either the hairy scalp, the forehead, or some part of the face, where it finally settles. All the symptoms are milder in children somewhat advanced, than in infants not a year old: there is less itching and irritation, and the discharge from the pustules is not so considerable; the scab or incrustation is also drier and less extensive. The complaint is chiefly confined to the forehead, temples, or cheeks; when it has disappeared from one of these places, a fresh eruption takes place in another, and sometimes the limbs are partially affected by it.

Dr.

\* De Crusta Lactea.

## ON PORRIGO, OR SCALLED HEAD. 7

Dr. Underwood asserts that this species of Porrigo (*Crusta lactea*) is as innocent as the Tooth Rash, and that it appears in the finest and most healthy children, without any impediment to dentition.\* The case is, however, very different with infants, a few months after birth, in whom a long series of disorders is frequently superadded to the Porrigo. When the complaint has proceeded for three or four weeks, the eyes become inflamed, and there is at the same time an inflammation of the cilia, succeeded by a purulent discharge. A similar discharge takes place from one or both ears, and soon afterwards, the parotid and submaxillary glands are enlarged, hard, and painful, and often suppurate. The glands of the groin and axilla, are in like manner swelled, indurated, and inflamed, whenever the pustular eruption and scab continue long on the extremities. Afterwards, in some infants, the abdomen becomes hard and tumid; and a hectic fever, which supervenes with an incessant diarrhœa, very soon proves fatal. Others, before the constitution is so extensively affected, seem to die, wholly exhausted by pain and irritation, or by the profuse discharge of humour from among the scabs, and of matter from the suppurated glands. Adult men are seldom, if ever, affected with this complaint; but in boys and women, it appears occasionally on the forehead, temples, and cheeks. I have seen it in a few cases extend to the upper part of the breast, and to the extremities. The discharge from the  
pustules

\* On the Diseases of Children, vol. i. p. 84-5.



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pustules is made slowly; hence the scab forms by a gradual accumulation, and is always more dry than in infants. It is not, however, brittle, nor attended with fissures of the skin, as in Impetigo.

The duration of the *Porrigo larvalis*, in infants, is often very considerable. I have known it continue, with some temporary remissions, from three to eighteen months.\* During that period, its situation and appearance are often varied. In many cases, the scab falls off suddenly without any manifest cause, and the surface almost immediately assumes its usual texture, but very soon afterwards another eruption takes place, and is succeeded by a fresh discharge and scabby incrustation. I have seen this process repeated several times, in the same infant, though at very uncertain intervals. The incrustation is sometimes removed in consequence of an eruption of the measles, but the *Porrigo* returns in two or three weeks. A case now and then occurs so inveterate as to baffle every effort made to relieve it for upwards of six months, the eruption and scab either remaining so long in one place, as on the forehead, or extending by a gradual progress in different directions.—It is a singular, but consoling circumstance, that whatever corrosion

\* Dr. Strack thinks the complaint, if left to itself, will terminate spontaneously in about six months.

“ It usually disappears of itself, when the child has cut three or four teeth, though it may sometimes continue for several months, and, in a few instances, even for years.”

rosion or deformity may have been temporarily produced, the disorder always terminates without leaving pits or cicatrices, and is usually succeeded by a clear, delicate skin. There does not seem sufficient ground for the opinion of those, who maintain that the appearance or removal of the *Porrigo larvalis*, chiefly depends on the state of the breast-milk. It may be true, according to Dr. Wichmann's observation,\* that children, placed under the care of hired nurses, are more liable to the disease, than those who are suckled by their own mothers; but nurses may injure children otherwise than through the milk: they are often negligent with respect to cleanliness, and seldom persevere in exercising them properly. Further, I do not find, on inquiry, that much impression is made on the complaint either by weaning the child, or changing the nurse.

While the discharge continues acrid and profuse, all the parts affected should be gently washed or sponged, at least twice a day, with some emollient liquid: I generally direct a decoction of Bran, strained and warm. Ointments cannot properly be applied over the whole surface of the body: the *Unguentum Zinci* may, however, be put on places that are very tender and liable to excoriation, as the prominent part of the forehead, and of the cheeks, the ears, the chin, and the hollows of the joints. — Moderate doses of the *Submurias Hydrargyri* should be administered twice a day,  
for

\* Wichmann, *Ideen zur Diagnostick*, &c. See Duncan's *Annals of Med.* vol. ii. 1797.



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for three or four weeks at a time. It acts better in some cases, if it be made into a powder with Carbonate of Soda, and a few grains of testaceous powder, more especially when there is a defect in the biliary secretion, with induration of the mesenteric glands, as stated page 7. In delicate infants, whose bowels are too irritable to bear these medicines, the washed Calomel (Hydrarg. Oxydum Ciner.), or the Hydrargyrus cum Creta, may be advantageously substituted. Where mercurials are not strongly indicated, the Sulphur Præcipitatum combined with alkaline or testaceous powder, lessens the discharge, and contributes to remove the irritation on the skin. As soon as the scabs appear dry, and begin to separate, the ointment prescribed below,\* may be applied to the edges of them twice a day; and if no internal malady intervene, the powder or decoction of Peruvian Bark will be found beneficial. When the face and scalp are covered with a moist scab, and when the eyes or eyelids are inflamed, blisters are generally recommended. I have applied them, in many cases, between the shoulders, with less success than has been promised, or might reasonably have been expected.

Professor Strack, in a prize Dissertation, proposes an internal remedy, which, he says, during a practice of twenty years,

\*      Ung. Ceruss. Acetat. }  
          Ung. Ceræ                } Pharmac. prioris.

Ung. Hydr. Nitrat. a a p. æqual. misce pro Ungº.

The hair should be removed previously to the application of any ointment.



years, never failed to effect the cure of this disease.\* The remedy is thus prepared: A handful of the fresh, or half a drachm of the dried leaves of the *Viola tricolor*, or Pansie, is to be boiled for some minutes in half a pint of cow's milk, and afterwards to be strained. This quantity of the decoction is to be taken every morning and evening. He observes, that when it has been thus administered for eight days, the eruption often increases considerably, and the urine acquires the smell, mentioned page 6. When the medicine has been continued a fortnight, the incrustation begins to fall in large scales, leaving the skin smooth and clean. In order to prevent a relapse, he directs to persevere in the use of the remedy † till the surface has resumed its natural appearance, and till the unusual smell of the urine ceases. ‡

2. The PORRIGO FURFUROSA, § chiefly affects adults: the eruption first appearing, is uniformly diffused over the greater

\* Carol. Strack, M. D. in Univers. Mogunt. Inst. Med. Profess. De Crustâ lacteâ, dissertatio, &c. Francof. ad Mæn. 1776.

† I am not aware that Dr. Willan ever prescribed this medicine in the disease.—Dr. C. G. Selle made trial of it, and asserts, that he found it either prejudicial, or inefficacious. See Médecine Clinique. tom. i. p. 267. Ed.

‡ London Medical Journal, vol. ii. p. 189.

§ This species was denominated *Tinea furfurosa* by Haly Abbas, (Theorice, lib. viii. cap. 18.) and is the *Tinea porriginosa* of Astruc and Sauvages, (Nosol. Meth. Class. x. Ord. v. Gen. xxxi. Spec. 6.) and the *Tinea furfuracea* of Sennertus. Ed.

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greater part of the scalp, and sometimes encroaches on the forehead, temples, and cheeks. As it is from time to time renewed, the succeeding scabby incrustation is augmented, and often rendered soft, by the exuding viscous fluid. The scabs, however, soon become superficially dry and powdery, easily separable, and quickly reproduced. Hence considerable quantities of them may be daily brought away on combing the hair. This complaint is attended with great itching, and tenderness of the scalp. Exquisite pain is usually produced if either the tops of the small pustules, or portions of the incrustation be detached by scratching or combing the head. Women are more especially liable to the *Porrigo furfurosa*, by which their hair is weakened, thinned, and sometimes altered in colour. In this respect, the complaint differs from *Pityriasis*, or any scaliness of the scalp connected with the *Lepra* and *Psoriasis*, which is always superficial, and does not detach the hairs, or alter their colour. The *Porrigo furfurosa* therefore requires a more strict attention than the *Dandriff*.\* It is easily distinguishable by the pustular eruption at its commencement,† and by the slight ulcerations which take place afterwards, by the occasional moistness of the scab, and by the frequent appearance of glandular swellings.

Before

\* On Cutaneous Diseases, p. 192.

† From not attending to the primary state of this complaint, authors have arranged it among the scaly diseases of the skin. *Ad furfuraceos vel lichenosos morbos refertur.* Lorry, page

Parè has also denominated it, *Tinea squamosa*.

Lib. xvii. cap. 2.



Before any applications are made to the scalp, in this disorder, the hair should be shaven,\* and the scab gently removed by washing with warm water and fine soap. Some of the ointments usually employed† are then beneficial, but, I think, not in so great a degree as that prepared with the *Cocculus Indicus* finely pulverized. My attention having been first directed to it by Dr. James Hamilton, of Edinburgh, with whose abilities and eminence few persons interested in medical science can fail to be acquainted, I beg leave to quote his observations on the subject, kindly transmitted to me in the year 1807.

“ I had long regretted the unhappy situation of those,  
 “ who, exposed to be attacked with *Tinea capitis*, a disgust-  
 “ ing and stubborn disease, were without hopes of a cure;  
 “ when the inaugural dissertation of Dr. John Hume,  
 “ published at Edinburgh, in September, 1803, fell under  
 “ my observation. This gentleman recommends in unqua-  
 “ lified terms, the nut of the *Cocculus Indicus* for the cure  
 “ of *Tinea*; he says, ‘*Eo, curavi solo infantes diu Tinea*  
 “ *laborantes, qui aliis remediis omnibus obstiterunt.*’

“ I have

\* In the advanced stages of the complaint, the operation of shaving the head will be facilitated, and the pain attending it diminished, by the previous application of proper remedies, after cutting the hair close. Ed.

† Viz. Unguentum Zinci, Ung. Hydrargyri Nitrat. Ung. Hydrarg. Nitrico-Oxyd. Unguentum Picis, Unguentum Sulphuris, &c.

Dr. Willan generally directed an oil-skin cap to be worn, chiefly for the purpose of keeping the dressings moist, and retaining them in contact with the scalp. Ed.



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“ I have since followed Dr. Hume’s practice with much  
“ success—I have found this remedy a sure palliative in  
“ every instance; it generally operates mildly; it quickly  
“ removes the scabby crust, and leaves the scalp in an  
“ apparently sound state.

“ I speak thus guardedly, because I am aware that  
“ a disease which is apt to return, and at a distant period  
“ too, may seem to be cured, when it is in fact only mi-  
“ tigated.—On this account much experience may be re-  
“ quisite to ascertain satisfactorily the efficacy of the *Coccu-*  
“ *lus Indicus*; to confirm its utility, it may even be proper  
“ to continue it for a considerable time after the disease has  
“ disappeared.

“ I had lately a patient, a boy about eleven years of age,  
“ in whom the hairy scalp was wholly encrusted with the  
“ scab of *Tinea*, which, during the space of two years, had  
“ resisted various applications.—In the month of October,  
“ 1806, he became my patient, and began to use the  
“ *Cocculus Indicus*, which was continued, with the inter-  
“ ruption of a very few days, for six months. It is now  
“ three months since this protracted course was finished;  
“ he continues well; his hair, which has been suffered to  
“ grow, is thick and natural to the sight and touch.

“ Dr. Hume advises the whole nut, the shell as well as  
“ the nucleus, to be reduced to a powder, and to be applied  
“ by itself, or under the form of an ointment. I found  
“ the powder was retained with difficulty, and I formed it  
“ into an ointment with axunge, and oil of rape-seed. I

“ now

“ now omit the latter ingredient, and use an ointment made  
 “ of one part of the powdered nut, and three parts of  
 “ axunge. I direct the hair to be cut short, and the head  
 “ to be shaved thereafter as soon as may be. This may  
 “ generally be accomplished after the second or third ap-  
 “ plication of the ointment. I commonly order the oint-  
 “ ment to be applied every morning and evening; the  
 “ head to be frequently shaved: and to be washed oc-  
 “ casionally with soap and water. In one or two cases, I  
 “ have interposed a wash of the solution of Acetite of Lead,  
 “ when considerable irritation, which is not often the case,  
 “ has been excited by the ointment.”\*

3. The PORRIGO LUPINOSA, has been so denominated, because the appearance of it, in one stage, was thought to resemble that of dry Lupine seeds.† Small separate clusters  
 of

\* Dr. Hamilton favoured me with the particulars of several cases, in which the Unguentum Cocculi Indici had been employed. He concludes his letter in the following terms: “ I accompany this account with proofs of its utility, as  
 “ drawn from the cases of patients treated by myself in the Royal Infirmary of this  
 “ place. These cases possess a peculiar character of authenticity, such as I have  
 “ endeavoured to particularize in the preface to my Observations on Purgative  
 “ Medicines; they are in fact, in this respect, unparalleled in the history of  
 “ Medicine; and may be readily admitted in evidence of the reality of my posi-  
 “ tion which they support.”

† “ Quinta etiam ejus est species sicca, et colore alba, lupino similis, à qua quasi cortices et squamæ fluunt albæ.” Haly f. Abbas, Theorice, 8. 18.

The Porrigo lupinosa is the Tinea lupina of Astruc and Sauvages. See Nos. Method. Class. x. Ord. v. Gen. xxxi. Spec. 8. Ed.



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of aches are first formed on different parts, which presently break and form dry yellowish or white scabs. These within a fortnight gradually increase to the size of a sixpence, when they have a raised border, but are depressed towards the centre, and furrowed. There is often an intervening white incrustation, which nearly covers the scalp, and when dried, separates and falls off in small white laminae. If the complaint be neglected, the occipital and submaxillary glands enlarge, and often suppurate, and the accumulating scab forms, with the hair, into a hard, elevated mass, sometimes resembling a bird's nest, or sometimes a pressed honeycomb.\* A similar thick incrustation is formed in the *Porrigo larvalis*, affecting infants among the poor, when little attention is paid to neatness and cleanliness.

The *Porrigo lupinosa* is usually of long duration. It is not confined to the scalp, but sometimes appears on the arms, neck, and thighs, in small distinct cavities, with a raised edge, and of an uneven surface within, containing a white scaly powder. The patches somewhat resemble those of the *Lepra Alphoides*,† but they are not surrounded by a red or inflamed border. After the removal of the cup-like scab by suitable applications, the cuticle beneath appears dry, red, porous, and shining. The surface does not afterwards become smooth and even, in less than five or six weeks. When the scalp is affected, it is necessary to remove the

\* This appearance is represented in M. Alibert's fine prints, and in the *Medical and Physical Journal*, (London).

† On Cutaneous Diseases, page 122.



the hair, and to employ frequent ablution. In cases, where the thick, hardened incrustation is impenetrable either by ointments, or by soap and hot water, a lotion made with diluted Muriatic Acid, will generally prove effectual in clearing the surface, and the Unguentum Cocculi Indici may be afterwards applied with success. If the skin, however, be very dry and harsh, this ointment does not act so well as the Unguentum Picis. I have prescribed the Sulphuret of Antimony, Antimonial and Mercurial preparations, separately, or combined—as in Dr. Plummer's pill; Sulphur, Decoction of Sarsaparilla, &c. &c. with very small advantage.—Cleanliness, good diet, and proper exercise, seem, in this complaint, to be the best means of producing a favourable change in the constitution.

4. The PORRIGO SCUTULATA\* is characterized by extensive circular blotches on the scalp, neck, &c. These, at first, consist of distinct straw-coloured pustules, which presently break, and form separate rounded scabs. After their removal, the surface appears red, shining, and slightly papulated. In a week or two, there is usually a fresh eruption of pustules on the same places; the circular areas then increase, and the succeeding scabs are more thick and diffuse.

The

\* This form of Porrigo is commonly denominated the Ringworm of the Head. It is highly contagious, and readily disseminated among assemblages of children, not only by the actual contact of their heads, but also from the thoughtless interchange of hats, bonnets, caps, &c. and the use of the same combs and hair-brushes, which should be cautiously guarded against.

Ed.

The blotches thus continue enlarging from time to time, until they arrive at the dimensions represented, PLATE II. During their extension, the hairs within the circles appear of a lighter colour, and they sometimes break off about an inch from the scalp. Several of the bulbs are destroyed by the repeated eruption, ulceration, and scabbing. If the complaint be neglected in this stage, the circular blotches become confluent, and all the hair within them, is finally extirpated. As soon as this is completed, the scalp, though partially much denuded, re-assumes its natural colour and appearance. A border of hair round the head is usually left uninjured. While the circular areas remain smooth, inflamed, and shining, as in the Plate, an early termination of the disease is not to be expected. The redness, in many cases, interchanges with dandriff or scurf, but without affording a more favourable prognostic.

The *Porrigo scutulata* affects children two years' old or upwards. It continues, in many cases, for a series of years, and is more unmanageable than any other species of *Porrigo*.—Those, with whom it originates, are often pale, languid, emaciated, and subject to induration of the glands. By contagion, however, the disease may be communicated to others who are in perfect health. So rapid is the communication in many instances, that I have seen fifty children at a school, affected in less than a month, where there was but one primary source of contagion. Some hair-dressers continue thoughtlessly to use the combs, scissars, &c. they had employed on the infected children, and thus by a kind of inoculation,



inoculation, diffuse the malady among persons of all ages, sexes, and constitutions. It is singular, that ladies are not struck with the propriety of keeping, for their own use, an apparatus for cutting and dressing hair, but supinely incur, every week, the risk of contamination by the most loathsome and perverse of cutaneous maladies.

Many persons refer the introduction of this complaint among the scholars at the numerous seminaries near London, to children annually sent from India or the West-Indies, where it is supposed to predominate. Such children, whether infected by their swart attendants, or otherwise, do occasionally bring the disorder with them, but, if admitted into schools, they are kept apart, till completely cured, and are not afterwards more liable to it than children born in this country. On the other hand, the *Porrigo scutulata* occurs in schools and academies, where no strangers have ever been admitted. Thus, during the last two years, children affected with it have been brought to me, from one hundred and twenty-four different seminaries, containing only natives of London and Middlesex, or the adjacent counties. It is, therefore, unnecessary to search beyond the seas for the cause of a disorder so frequently originating among ourselves in delicate and neglected children. One of these, recently cured, has been perhaps, sent to a boarding-school without even new cloathing. The consequence is, that the greater number of the scholars, however neat and cleanly they may be, receive infection before any person concerned is aware of  
the



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the danger. This temporary trouble to the immediate sufferers, sometimes terminates very unjustly in the total ruin of the superintendents of the school, who are condemned by the irritated parents for what neither human power nor foresight can always prevent.

While the blotches, and the adjoining scalp, in this complaint are red, or inflamed, and very tender, the whole surface should be sponged twice a day with warm water, or some mild fomentation, and afterwards covered by light, clean linen caps. All irritating applications at first tend to aggravate; the weekly shaving, though absolutely necessary for the preservation of the hair, cannot be performed without pain and difficulty. By degrees the inflammation subsides, and desquamation takes place as well as scabbing. Afterwards, in the repeated eruptions which take place, as mentioned (page 17) the blotches in some cases, become again red and inflamed; in others, they are irritative, with little inflammation, but with an acrid discharge; and in others, languid and inert, with a scaly scab, the appearance of them being only changed by the application of very powerful stimulants. Under these varying circumstances, how futile must be the pretensions of those who profess to remove this complaint, and every other form of Porrigo, by the same mode of treatment, or by one specific application!—The following remedies, or some modification of them, may be employed according to the difference of appearances: ointments prepared with the *Cocculi Indici*, tobacco, or opium, the *ceratum Lithargyri acetati*, unguen-

tum

tum Zinci, ung. Hydrargyri nitrico-oxydi, ung. Hydrarg. præcipitat. albi, ung. Hydrarg. nitratis, ung. Hydrarg. submuriatis, ung. Sulphuris, ung. Picis, ung. Elemi, ung. Hellebori Albi, a slight solution of the Oxymurias Hydrargyri in proof spirit, and of the sulphates of Copper and Zinc in water.—In acknowledging the utility of this list of remedies, I must observe, that practitioners will seldom succeed by trusting the cure of the *Porrigo scutulata* to any of them singly; nor can be sure, whatever modifications he may have successfully adopted in one case, that the process will answer in another.\*

Blisters applied to the scalp sometimes remove the complaint entirely, but in general, it returns again, a week or two after the application.—Those who eradicate the hairs by violent means, expecting that the disease may be thus removed, and the hair grow again as thick as before, will find themselves disappointed. Strong depilatories do more injury to the scalp in one day, than the disease left to itself

\* Professor Hamilton, of Edinburgh, asserts, (*Hints for the Treatment of Children*, page 109) that “the slight or incipient degrees of this disorder may be readily cured, by having the affected parts bathed every night with hot vinegar, and afterwards rubbed with the mild unguent. citrinum.” In the more advanced stages of the complaint, he highly extols the efficacy of the unguentum ad scabiem of H. Banyer, (See his *Pharmacopeia Pauperum*, 4th ed. 1739.) and says it has often succeeded in curing it, after the failure of other remedies.

Dr. Hamilton orders the head to be kept shaved, and anointed for a number of nights, proportioned to the virulence of the affection, with this ointment: which he dilutes for delicate children, with an equal portion of simple cerate, and occasionally alternates its use with that of common basilicon.

Ed.



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itself would effect in three years, if the head were kept clean.

5. In the **PORRIGO DECALVANS**,\* the hairs suddenly fall off, leaving bald patches, which are neither inflamed, nor discoloured. Small pustules at the roots of the hair are said to have preceded in some cases; I am doubtful respecting their existence in all. The smooth, shining appearance of the scalp, without redness, or ulceration, sufficiently distinguishes this complaint from the foregoing.—It sometimes affects adults, in whom the exciting cause cannot be traced. I have seen it in one or two of the children when the *Por-rigo scutulata* has spread through a large school or academy. It may be here observed, as I had formerly occasion to observe respecting the *Scarlatina*,† that although one form predominate among assemblages of children, the other forms appear in individuals. All the varieties of *Por-rigo*, may therefore be produced from the same contagion; and, hence

\* Celsus denominates this disease “*Area*,” and says, “*Pejus est, quod densam cutem et subpinguem, et ex toto glabram fecit.*” He describes two varieties of it, one of which, (*Alopecia*) spreads in irregular figures, and affects persons of all ages; the other, (*Ophiasis*) creeps in a serpentine form, from the back of the head to the ears, and is chiefly an infantile complaint.

De Medecinâ, lib. vi. cap. 4.

Among the ancients some degree of obloquy appears to have attached to this singular affection, and Sennertus observes, “*Apud Romanos servi, qui area detinebantur, et potissimum alopecia, viliori precio vendebantur.*”

Pract. Med. lib. v. part. iii. cap. 4. Ed.

† On Cutaneous Diseases, page 277-281.



hence we have a further proof how unnecessary is the attempt to derive one of them from our Oriental and West Indian colonies, since the work-house of every populous town, or any considerable seminary for children of the lowest class in our own country, may become a source of the disease.

When the *Porrigo decalvans* is neglected, the patches remain bald for several weeks, but hair at length re-appears on them, though differing from the rest in colour and texture, for in persons above the age of forty, it is entirely grey, and in children, it is of a light brown hue, and very slender. These alterations may in general be prevented, by repeatedly shaving the whole scalp, and by applying warm liniments. I have used Naphtha, and oil of tar, also slight tinctures of the oil of mace, of camphor, and tobacco.

6. The *PORRIGO FAVOSA*, is an eruption of the pustules, termed *Favi* (page 1) on the head, face, and other parts of the body. I will describe the appearances of the disease in these different situations, but need not with some authors, apply to them new generic titles.

1. On the scalp, the pustules are large, soft, whitish, itching, and slightly inflamed at the base. At first they are distinct, and partially distributed, as on the side of the head, or about the occiput. When broken, they discharge a thick, viscid matter, which gradually concretes into irregular brown, or yellowish, semi-transparent scabs. The  
ulcerations

ulcerations gradually extend with a constant and copious discharge, by which the scabs are kept moist, and the hairs are matted together. Under these circumstances, Pediculi, which are bred in great numbers, produce an incessant irritation, and contribute to aggravate the disease, and to excite fresh pustules. The eruption finally covers the whole scalp, the pustules, in some places, remaining distinct, in others becoming confluent, so as to form irregular, ulcerated blotches. From these, when the coverings or dressings of the head are removed, a sour, rancid vapour is exhaled,\* which affects very disagreeably, both the eyes, and the organs of smell and taste, in persons who examine, or dress the patient.

In many cases there are among the pustules, small, red smooth tumors,† (PLATE III.) which desquamate at the top, and very gradually proceed to suppuration in the same manner as scrophulous tubercles do on the arms, &c. Sometimes

\* “Exit ab hisce abscessibus humor flavescens, olidus, rancedinem aciditati mixtam exprimens; et qui volatilitate oculos, atque nares acutissimè feriat.”

Lorry, de Morb. Cut. cap. iii.

A. Paré, who terms this complaint *Tinea corrosiva*, mentions the smell of it as “puante et cadavereuse.” Lib. xvii. c. 2.

M. Alibert observes on this subject, “L’odeur exhalée par le favus est aussi dégoûtante que son aspect. Cette odeur, qui a plus ou moins d’énergie, conserve toujours le même caractère. J’ai souvent fait observé à mes élèves qu’elle se rapprochoit infiniment de celle de l’urine de chat, ou de celle des appartemens que les souris ont long-tems infectés de leur présence.”

Maladies de la Peau, tom. i. sect. 1. p. 6. 8vo. Ed.

† These tubercles are described by Alexander Trallianus, as ulcers on the



Sometimes large abscesses form near the vertex, or at the occiput, probably originating in lymphatic glands situated there. As soon as they are broken, and begin to discharge freely, the pustular eruption, and small ulcers on the other parts of the scalp, disappear. These larger abscesses seem to be described by Celsus as one form of the ulcer Cerion, or Favus: “Alterum (Favi genus) est subalbidum, et furunculo simile, sed majus, et cum magno dolore; quod, ubi maturescit, habet foramina, per quæ fertur humor glutinosus, et purulentus, nec tamen ad justam maturitatem pervenit. Si divisum est, multo plus intùs corrupti, quam in furunculo apparet, altiusque descendit. Raro fit nisi in capillis.”—Lib. v. cap. 28. §13.

During the course of the *Porrigo favosa* affecting the scalp, the glands on the sides of the neck, and sometimes the parotids, harden and enlarge very gradually. They are at first, like a series or chain of small, hard knots, without discolouration of the skin, but some of them afterwards inflame and suppurate.

According to M. Lorry, the disease has a still greater extent: “Articuli crassescunt, spina ventosa Tineam excipit: sin minùs vel fit Phthisis strumosa, et pulmonibus in materiam

head, numerous, red, and somewhat resembling the nipples of the breast:

Τα εν κεφαλῇ ἐλκυσθρία πυκνα καὶ ἐρυθρα παραπλησια θηλαῖς ὑφ' ὧν ἰχώρες ἀποσηκόνται.

Lib. i. cap. 7.

From their appearance, Haly Abbas constitutes a distinct species of *Tinea*, denominated *Tinea uberosa*.—Theorice, 8. 18.



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riam duram, granulosa, quasi cretacea, conversis, quam vel ipsa inflammatio absumere non potest, post longos Febris hecticæ languores, miser æger ante diem fatis cedit; vel longius fatum manet eos, quibus obstruuntur glandulæ meseraicæ fitque lethalis diarrhæa vel hydrops.”\* This, though not generally correct, is true with reference to the squalid children of the labouring poor, in great cities, among whom many causes concur to produce the effect. M. Lorry qualifies his assertion, in some degree, by the following remark: “Sed ætas sola sæpe medicinam facit, nam plures reperire est vetulos, quos, in infantiâ, Tinea divexavit, et nullum unquam, inclinante ætate, tineosum vidi.”

2. The Porrigo favosa, affecting the face, sometimes commences about the lips, or upon the chin; but at other times, extends thither from the scalp, or from behind the ears. It has been denominated by authors, Tinea volatica, Crusta lactea volatica, Ignis volaticus, and Ignis sylvestris; also Lichen and Vitiligo or Mentagra infantum.† The pustules, in general, appear first at the corner of the mouth, without much tension or inflammation of the skin. They are set near together in an irregular cluster, and contain a straw-coloured fluid; when broken, they become confluent, and discharge a clear, viscid matter, which afterwards concretes into a yellowish scab. Other similar ulcerations appear soon afterwards at the opposite corner of the mouth, on the  
lips,

\* De Morb. Cutan. lib. i. cap. 3. artic. v.

† See Sauvage's Nosol. Meth. and Lorry, De Morb. Cutan. part. i. cap. 3.

lips, or about the chin. These blotches being attended with an incessant itching, children cannot be prevented from rubbing or picking them; the consequence of which is, that their borders are kept sore, inflamed, and continually extending. The complaint has a most unpleasant aspect, when the ulcerations entirely surround the mouth, and are covered with large, elevated, irregular masses of scab, like honeycombs, as represented PLATE I. Fig. 2. There seems to be a considerable degree of acrimony in the matter discharged from beneath the scabs; for the part of the breast, which comes frequently in contact with the diseased chin, soon turns red, and exhibits an eruption of pustules, which terminate, as on the face, by a superficial ulceration. A similar appearance is produced on the arms of the nurse, who attends a child affected with the complaint. The matter transmitted from the ulcerated surface along the lymphatic veins, occasions an enlargement of the submaxillary and adjoining glands, succeeded by much pain, inflammation, and often suppuration in them. M. Lorry has made an observation on this subject, which does not appear to be correct. He says, when the glands of the neck are swelled, the eruption is immediately removed from the face; but that it appears again as soon as the swellings subside.\*

Children,

\* “ Aliquando glandulæ colli intumescunt; et quod non rarò observavi, de tumescentibus illis, Ignis sylvestris, tanquam ex receptaculo, prorumpit; aut cessante illo, glandulæ rursus intumescunt.” De Morb. Cutan. p. 408.



Children, from the ages of one to five years, are most liable to the *Porrigo favosa* on the face. In almost every case, the eruption is attended with a discharge from behind, or from within the ears, with swelling and hardness of the upper lip; with enlargement, and often ulceration of the glands, about the neck or throat: and with inflammation of the eyes; or obstinate ulcerations of the ciliary glands. These appearances take place in the order above stated, though with a few exceptions. The times in which they occur, vary, in different instances, from two or three weeks, to two months; and therefore the whole duration of the complaint is rendered very uncertain.

Adults are occasionally affected with this form of the *Porrigo*. The eruption is usually preceded by pains of the stomach, or pains of the head, with giddiness, and general debility. The pustules appear round the mouth and eyes, and on the ears, but more particularly on the cheeks, where they are large, numerous, and much inflamed at the base. In a few days, they become confluent, break, and discharge a great quantity of clear, viscid matter, which concretes into thick, irregular masses of yellow scab, encrusting nearly the whole face. In some cases, the eruption is confined to the surface on which the beard grows. The pain and inflammation attending the pustules, render the operation of shaving almost impracticable.

3. The *Porrigo favosa* affects the trunk of the body, and the extremities, as well as the face and scalp. It sometimes appears on the arms, back, thighs, ancles, and feet, in distinct blotches,



blotches, similar to those on the face, and often cotemporaneous with them. Deep and obstinate ulcerations are formed at the root of the toes, on the ancles, and heels. The ends of the toes are likewise ulcerated, the pustules arising even under the nails. In infants less than one year old, I have seen this complaint uniformly diffused over the whole surface of the body, and particularly severe. The eruption consists of achores partially mixed with the favi (page 1.) It appears in general, first on the feet and ancles, and afterwards extends to the abdomen, and chest, then round the waist to the arms, neck, and head. There is not much inflammation round the pustules, but after they are broken, a considerable discharge takes place of a clear, unctuous fluid, which gradually concretes into irregular yellow scabs. In some places, as on the abdomen, and sides, when the pustules are small, and not confluent, the scabs are slight, and laminated, and presently separate from the surface. As the eruption proceeds, the inguinal, and axillary glands, and perhaps those of the neck, become hard and enlarged: some of them finally inflame and suppurate. Infants suffer much both from pain and itching in this complaint, often for two or three months together, since fresh pustules continually arise on the places from which the scabs have been removed. Dr. Underwood, in describing this eruption, compares it to the Psora of the Greeks, or to the disease termed by us the Grocer's Itch. He says, "It often begins about the arms and thighs, but always extends soon afterwards to other parts, and frequently spreads quite from the head to the feet.

feet. It appears on some parts in very small eruptions, like the points of pins, with watery heads, and in other parts, as large as peas, and sometimes in foul blotches, which, after breaking, form sores and broad ugly scabs. These die away, and the like appear successively in other parts, sometimes for two or three months, leaving the skin of a dirty adust hue. In other parts, the eruption is in the form of small hardened pimples, which do not break, nor are at all hard to the touch. This eruption appears alike in children who have cut all their first teeth, and in infants at the breast; though I have happened to see it, I think, more frequently in teething children; and it then seems to be connected with dentition, and this has appeared pretty evident, because, previous to my being acquainted with the remedies best adapted to the complaint, children who had taken a variety of medicines, and continued to break out in fresh places, suddenly got rid of the eruption altogether upon my lancing the gums; and three or four teeth in consequence coming through. When this eruption has appeared in infants at the breast, I have several times known the suckling mother or nurse, in a few weeks afterwards, break out in like manner with the child; but whether by accident, or from contagion, I have not been able to ascertain. I was for a while much puzzled with this ill looking eruption, the long continuance of which could not fail to be very distressing to the parents, and has even caused a suspicion to rest on the wet nurse; the eruption being sometimes suspected to be the itch, and at others, venereal, which it certainly



certainly is not. It has always been benefited for a while by washing the parts with two drams of the aqua Kali puri in a pint of water, which I would always recommend, though it will not alone effect a cure. Various internal remedies also, which remove other eruptions, have generally failed in this, such as the Hydrargyrus cum cretâ, and Hydrargyrus cum sulphure, given in large doses, as also the Sium Aquaticum. The external application, however, of an ointment, consisting of the unguentum Sulphuris, and unguentum Hydrargyri nitrati, with a greater or less proportion of the latter, has hitherto never failed me, together with the internal exhibition of one or other of the forementioned remedies."—Vol. i. p. 104-6.





# ON IMPETIGO;

## THE HUMID OR RUNNING TETTER.

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BY the term IMPETIGO, I mean to express an eruption of the pustules usually denominated Psydracia. The Psydracium is a minute pustule, and irregularly circumscribed, producing but a slight elevation of the cuticle, and terminating in a laminated scab. Many of these pustules usually appear together, and become confluent. When mature, they contain pus; and after breaking, discharge a thin watery humour.

The definition of Psydracion by Greek authors, is conformable to that given above. Alexander Trallianus and Paulus Ægineta, represent Psydracia as small elevations of the cuticle, resembling Phlyctides, and chiefly confined to the head;\* but according to Galen, they appear on every part

\* Ψυδρακία εἰσι μικραὶ ὑπεροχαί, φλυκῆσιν σμοιαί, ὑπερκείμεναι τῆς ἐπιφανείας.

Alex. Trall. lib. i. cap. 5. Paul. Æg. lib. iii. cap. 3.

Ψυδρακίον ἐστὶ κοινῶς λεγόμενον ὁ περὶ παντὸς σώματος, καὶ περὶ τοῦ λευκοῦ τε οὐφθαλμοῦ γινέσθαι, οἷον ἐξανθήμα ἐξ ἀκρῆς ἐρευνθῆς.

Galen. Introductio, cap. 15.

part of the surface of the body, in a red papuliform eruption. Julius Pollux\* has given the following definition: “*Psychradia* are inflamed, spontaneous eruptions (ἐξανθημαία) ulcerating superficially.”

These pustules, when the eruption is extensive, do not appear uniform. Some of them are small and elevated; others, larger, without a proportionate elevation of the cuticle; and a few of them resemble vesicles, not being filled with pus, but with a semi-transparent fluid.

Celsus† under the generic title *Impetigo*, has comprised several diseases which are not strictly connected with each other. The second species described by him coincides with the *Lepra* or *Psoriasis* of the Greeks. The third and fourth are referable, either to the *Psoriasis inveterata*, or to the scaly state of the skin in *Elephantiasis*. The first species, appears to have been pustular, and may be ranked with the ulcerated *Psora*‡ of the Greeks. I take the liberty of employing

\* *Ψυδρακία, πυρῶδη ἐξανθημαία αὐτομαία, ἑλκῶδη ἐν ἐπιφανείᾳ.*

Jul. Poll. *Onomasticon*, cap. 25.

† *De Medicin. lib. v. cap. 28. § 17.*

‡ *On Cutaneous Diseases*, p. 148. The Arabian Physicians, in like manner, constitute a dry and a moist *Alkouba* or *Impetigo*. “There is a sanguineous *Kouba*, which discharges a dewy moisture upon being rubbed.” *Avicenna*, vol. ii. p. 249. Compare *Serapion*, *Breviar. Tr. v. cap. 2.* *Alsaharav. Tr. xxxi. cap. 7.* *Forest. Obs. Ch. lib. ii. p. 168.* *Hoffman*, tom. iv. p. 438. and *Supplem. 1. p. 143.*



ploying the term *Impetigo* to express this species only ; having, in my arrangement,\* separated pustular from scaly diseases of the skin ; and having elsewhere described, under other denominations, the scaly complaints mentioned by Celsus. His description of the pustular *Impetigo* is very short : “ *Minimè mala est quæ similitudine Scabiem repræsentat, nam et rubet, et durior est, et exulcerata, et rodit. Videnturque esse in eâ, quasi bullulæ quædam, ex quibus, interposito tempore, quasi squamulæ solvuntur.*” He distinguishes this species from another, which is more ulcerated, and exhibits larger pustules resembling *Vari*, probably referring to *Ecthyma*, a disease characterized by large, inflamed pustules, and not without affinity to the *Impetigo*. His additional observation, that the latter occurs periodically, or with more regular intervals than the former, is also strictly true.

The *Impetigo* is neither contagious, nor communicable by inoculation.

I proceed to consider the principal varieties of it, which may be denominated, *Impetigo sparsa*, *Impetigo figurata*, *Impetigo erysipelatodes*, *Impetigo scabida*, and *Impetigo rodens*.

1. In the *IMPETIGO SPARSA*, the pustules are at a distance from each other;† and the eruption extends, without any certain order, along the backs of the hands, the arms, neck, shoulders,

\* On Cutaneous Diseases.

† See PL. IV. Fig. 1.

shoulders, thighs, or legs. After a few days, the pustules break, and discharge a thin humour, which gradually concretes into yellowish, laminated scabs. The cuticle, as far as the eruption extends, becomes reddish, rough, or scaly; and a slight discharge from rhagades or chops in various places, as well as from beneath the thin scabs, continues through the complaint; the duration of which, in the upper extremities, is seldom more than two or three weeks. When the lower extremities are affected with this eruption, it continues a long time. Small yellow pustules first appear on the instep, and then on the ankle and leg, with a violent itching. They are most numerous on the foot and ankle, and when they are broken, a considerable quantity of humour issues from small pores, around which the cuticle is rough, reddish, shining, and a little elevated. The parts affected, are for some weeks covered with thin scabs, but not sufficiently so to prevent the watery discharge. When the surface appears to be healed, and the scabs are about to separate, a fresh eruption of pustules often takes place, and the discharge recommences with great heat and irritation. After several returns of the eruption, ulcers are sometimes formed on the fore part, or sides, of the ankle. The ulcerations discharge a clear ichor; they exhibit a considerable, but unequal cavity, and irregular edges surrounded by the pustules. In sedentary persons, who have passed the middle period of life, the edges of the ulcers are blackish, or of a purple hue, and the limbs become œdematous. The small pustules diffused over the surface, are of nearly the same colour,



colour, and sometimes the intervening skin appears livid, or speckled with livid and red.

The *Impetigo sparsa* is most troublesome when the yellow *Psydracia* are intermixed with small irregular vesicles (p. 34), as frequently happens on the upper extremities. The complaint commences about the knuckles, and spreads along the thumb and fingers to the nails; likewise along the back of the hand, and round the wrists,\* to the fore-arm. Both hands are usually thus affected about the same time, and the eruption extends in some cases, to the bend of the elbows, the upper arm, the neck, and the cheek. It is always succeeded by a little watery discharge, and by the formation of laminated scabs: when these fall off, the cuticle beneath remains for a long time scaly, and chopped, and in this state of it, fresh pustules arise, with heat, soreness, and violent tingling. Thus by repeated suppuration, and scabbing, the texture of the skin becomes, in many places, rough, harsh, and inflexible.

This disease generally appears in autumn, and continues through the greater part of the succeeding winter. It disappears in many cases, during the summer, but returns at the latter end of the year. The eruption is preceded by some disorder of the constitution, as head-ach, indigestion, and  
 pain

\* See Wiseman, Cases of Herpes, 3 and 5. Book 1. ch. 17. Soc. Med. Hafn. Collectanea, vol. i. 356.

pain in the stomach, violent pains in the limbs and back, and sometimes, cramps of the lower extremities. Children, and even infants, are occasionally affected with this disease; it occurs, however, much more frequently in adults, than in children, or in persons of an advanced age. A predisposition to it is communicated hereditarily; and in those, who are predisposed, the complaint appears after intemperance, violent exercise, or exposure to sudden interchanges of heat and cold.

I observed on a former occasion,\* that the *Lichen agrius*, after repeated attacks, often terminates in *Impetigo*; the same circumstance is noticed by the Greek physicians, and by Celsus.

2. The *IMPETIGO FIGURATA* exhibits blotches a little elevated, and distinctly circumscribed, but of different forms, being in some cases circular or oval; in others, angulated; and in a few cases, tortuous. The round and angular blotches appear chiefly on the arm: they are small, and at a distance from each other, and extend in many cases to the back of the hand; one of them generally occupies the surface between the metatarsal bone of the thumb, and knuckle of the forefinger; others appear on the cheeks, forehead, and chin. When the lower extremities are affected, large oval, or irregular blotches take place on the instep, leg, and outside of the thigh.

Every

\* On Cutaneous Diseases, p. 48.



Every blotch is at first formed by a cluster of *Psydracia* set close together, and filled with yellow matter. After some days, the pustules break, and a considerable quantity of thin, irritating humour, is discharged from minute orifices. By the concretion of this fluid, the surface of the blotch is at length covered with a yellowish scab, often intersected by painful fissures (PL. IV. Fig. 2), from which, as well as from beneath the scabs, a little moisture continues to exude. In two or three weeks, the discharge ceases, and the scabs gradually dry and fall off; but the succeeding cuticle is red, harsh, and elevated. Excoriation is easily produced in this state of the skin, so that the ichorous discharge, and scabbing, frequently recommence, and by such interchanges the disorder is protracted for several months. When it is about to terminate, the central part of the blotch subsides to the level of the adjoining cuticle, and some time afterwards, the elevated border also disappears: a patch of red, shining, tender cuticle remains, which is not restored to its usual colour and texture in less than five or six weeks. In some cases the blotches enlarge circularly to a very considerable size. A pustular border appears round them, which in about a week, becomes dry and scaly like the central parts. Another exterior border is then formed, and after its termination, others are formed in like manner, with great irritation of the skin. In some cases, a thick brownish scab occupies the central part of the blotch, and remains for a considerable time.

Under

Under this article may be arranged one species of the Ringworm,\* which occurs in hot climates. Dr. Hillary says, “The disease appears without any previous sickness, or pain in any part of the body, in some in one part, in others in another part, first in many small pustulæ, or pimples, clustering together, most commonly in or near to a circular form, the bigness of a sixpence or a shilling, of a reddish colour, and contain a small quantity of clear, acrid, saline lymph; but they soon spread, sometimes to be as large as the breadth of the hand, or broader, and itch most intolerably, especially upon the person’s putting off his clothes at night, often to such a degree, that human resolution is not able to restrain the hands from scratching, and that, or rubbing them briskly, breaks the small pustules, and the acrid lymph oozes out, and causes a heat and smarting, and then it dries upon the skin, and forms whitish scales or scabs, which, upon rubbing or scratching, fall off again, and are daily renewed in the same manner, with the same symptoms of itching, &c.—Thus they increase and spread to various parts of the body, and sometimes they will leave one part, and remove to another part, without any remedies being employed. In this state the disease continues for many years, and probably would remain during the patient’s life, if not removed by proper remedies.

When

\* The Kouba “progressive and malignant.” Avicen. tom. ii. p. 249. Ancient authors have but slightly mentioned this disease.



“ When it is suffered to continue long, the lymph discharged becomes so very acrid, that it corrodes the parts affected deeper, and expands them larger, and at last degenerates sometimes into a *Herpes exedens* ;\*—for this is only a more virulent and malignant degree of the *Impetigo*.”†

The *Impetigo figurata* is generally preceded in this country, by pains of the stomach, head-ach, and a sensation of languor. It begins in the spring, and continues several months, usually returning every year about the same time, though not always in the same degree: on some occasions, only a single blotch appears, situated between the thumb and forefinger, on the back of the hand, or the wrist, on the arm

\* I have seen many persons who had been affected with this species of *Impetigo* during their residence in a tropical climate. Although the disease had been removed, the effects of it were visible in extensive cicatrices, mostly depressed, but superficially smooth, and shining, and without the cutaneous hairs.

† On Diseases in Barbadoes, 1752, page 353-5. Towne has made nearly the same observations;—On the Diseases of the West Indies, &c. 1726. He says, Ringworms are sometimes the sequel of *Papulæ* and *Sudamina* (*Lichen Tropicus*; On Cutaneous Diseases, page 57); and he thinks they correspond, in their transitions from one part of the body to another, with certain aspects of the moon. page 176.

Dr. Hillary and Dr. Dancer state that the Brazilians, and the Caribs in Barbadoes, denominate this disease, *Cowrap*. We are informed by Bontius, that the same denomination is applied to it in Java, and the adjoining Islands of the Eastern Ocean; *Med. Ind. cap. xvii. De Herpetis seu Impetiginis Indicæ specie,—incolæ Courap indigitant.*

arm a little below the flexure of the elbow, on the side of the foot, or on the ankle.\*

3. The IMPETIGO ERYSIPELATODES is attended with a redness and general swelling of the face, and an œdema of the eyelids, so as somewhat to resemble the Erysipelas phlegmonodes. It differs, however, from that complaint, in producing little disorder of the constitution, in being of a much longer duration, and in exhibiting, instead of large irregular bullæ, an eruption of Psudracia. The pustules, which are very numerous, appear first on the cheek, and afterwards extend over the whole face, sometimes also to the neck, and upper part of the breast. In consequence of the inflammation round them, there is a continuous redness, and tumefaction of the parts affected, together with a sensation of heat and tingling. When the pustules break, they discharge copiously an ichorous fluid, but in ten or twelve days, the whole surface is covered with thin yellowish scabs. Among these, fresh pustules arise from time to time, which are succeeded, like the former, by ulcerations and scabs. In this manner, the disease is continued for about a month, when the surface becomes dry, red, brittle, and scaly, as at the termination of other cases of Impetigo.†

4. In

\* Compare Hoffmann. Consult. and Resp. Cent. 1. Sect. i. Cas. 60. and Wiseman, Case 6. B. 1. ch. 17. on Herpes.

† A case of this disease is given by Forestus; lib. v. obs. 22. “De febre horrida, cui accessit Erysipelas phlegmonodes, in Herpetem miliarem tandem transiens;”



4. In the IMPETIGO SCABIDA, some of the limbs are covered with a thick, hard, continuous scab, not unlike the rough bark of trees.\* At the commencement of this disease, numerous Psyracia are diffused over the arms and legs. The eruption, in the upper extremities, extends round the fleshy part of the fore-arm, and sometimes along the back of the hand, to the fingers. New pustules arise daily, but soon break, discharging a thin, acrimonious humour, till nearly the whole surface is ulcerated. At the end of a month, the discharge abates, and all the arm, from the elbow to the wrist, is invested with a thick, rugged, yellowish-brown scab. When this appearance has continued for some time, extensive fissures are usually formed, and from them a watery fluid exudes, which, by its concretion, produces additional layers of scab. The disorder is constantly attended with a disagreeable sensation of heat, and itching; also with pain and stiffness in the motion of the arms. If any portion of the scab fall off, or should be forcibly detached

and another by Gabelchover, under the title of “catarrhus calidus et acris, cum faciei serpigine;” cur. et obs. med. 58. Centur. I.

\* See PL. V. Fig. 2.

The Roman Physician Marcellus distinguishes Impetigo inveterata, Impetigo agria, and Impetigo scabida. Lib. de Medic. cap. 19.

The affectus cutis *Lepram Arabum* æmulans, described by Hoffmann (De Pust. and Prurig. Affect. cap. v.) seems to have been the Impetigo scabida, produced by an irregular mode of living, in a man seventy years of age.

This disease is termed Erysipelas exulceratum in Sculteti Obs. cap. 71.—It is well described by Sauvages under the title *Lepra humida* or *Lepra herpetica*, Dartres encroûteès. Compare Roussel and Poupart, Sur les Dartres.

tached, the surface presently ulcerates again, and the breach is filled up by the discharge concreting into new scabs. When the pustules are numerous on the hand, the fingers become incrustated and rigid, and the nails gradually separate: those which succeed, are thick, uneven, or notched, and often incurvated.

The progress of the Impetigo scabida on the lower extremities, does not differ much from that above described.—The scab, which wholly covers the legs from the knees to the feet, is of a browner colour, and more thick and humid than on the arms. After some weeks, the limbs become anasarcous, and the skin is much injured, especially about the ancles, on which are often formed ulcers, like those described page 36, but deeper and more inveterate. On other parts of the body, at the termination of the disease, the skin recovers its usual texture and appearance.

5. In the IMPETIGO RODENS, the cellular membrane is affected as well as the skin. The pustules appear in a large, irregular cluster, on the side, near the breast; and the eruption extends very slowly over the breast, in some cases to the axilla, or below it to the spine; and in others, over the shoulder down the back. In one case, the eruption commenced at the groin, and spread upwards between the small ribs and the os Ilium. The pustules are often intermixed with vesicles; both of them break in two or three days after their appearance, and discharge an acrid humour, which continues to flow, for a long time, and without



without destroying the skin, deeply injures the cellular texture of the part affected. If that part be the breast, it gradually shrinks, till nearly the whole substance of it be removed.—The discharge is made in some parts of the eruption from open pores, in others, from beneath laminated scabs. As the scabs dry off, in places where the eruption is least active, we find red, tender, and depressed cicatrices, the duration of which, however, is temporary: they are usually broken up, in a week or two, by a fresh eruption of the pustules, and the affected part is more and more deeply corroded.

I cannot speak of the termination of a disease, which I never saw terminate but with life. Very little advantage has resulted from the attempts made to cure it, whether by external applications or internal remedies.—The eruption, or inflammation connected with it, and the acrimonious discharge, produce such violent irritation, that opium in considerable doses, is the only medicine which has afforded a temporary respite from pain.

The *Impetigo rodens* appears in some cases to originate from long continued ill health; in others, from hereditary predisposition. Persons affected with it have informed me that some of their nearest relations were liable to glandular and eruptive disorders of an untractable nature. Of two sisters, one was affected with the *Impetigo rodens* at an advanced age; the other, with a cancer in the breast, in consequence of which she died at an early period of life.

This

This complaint would be comprized by the Greeks under the title Ἐρπηγὴ ἐσθιομένης, a term used by them with considerable and indefinite latitude.\*

The Impetigo sparsa may be removed, in a few weeks, by diligently washing the parts affected with warm water, or bran and water, and by taking sulphur, or some of the preparations of it. Returns of this eruption (page 37), seem to be prevented in many persons, by sea-bathing, and by the use of the Harrogate Waters. Dr. Underwood says, that such eruptions affecting children, “yield in a short time, to the expressed juice of the Sium aquaticum, mixed with an equal quantity of new milk.” Vol. I. p. 95. When the papulæ and their interstices are livid, as mentioned page 36-7, much advantage may be derived from Peruvian Bark and Muriatic Acid.

In the Impetigo figurata I have prescribed, with success, Plummer’s Pill, and the Decoction of Elm-bark or of Sarsaparilla. The Ung. Zinci, and Ceratum Lithargyri acetati compos. are proper external applications. The following list of remedies for the Impetiginous Ringworm in a hot climate, is given by Dr. Dancer:—Unguentum Sulphuris, Sulphur bath, Vervain, Dumb cane or Arum Seguinum,

\* See Hippoc. Prorrhēt. 111. Gal. De Præsag. ex pulsu, 11. Paul. Ægin. lib. iv. cap. 20. Actuar. 11. 12.



Seguinum, Cassia Occidentalis, and Cassia Herpetica.\* The bruised leaves, or expressed juice, of the vegetables mentioned, are chiefly employed. The juice of the Cassia herpetica (Ringworm-bush), he says, is accounted a slight escharotic. He adds, that local Tetters or Ringworms, on the hands, face, and arms, are cured by the application of Ink, Gunpowder and Lime juice, or Ketchup. The dilating Impetiginous blotches covered with a scab, as stated page 39, may be removed by Plummer's Pill, taken with the above decoction, and by applying cloths, constantly wetted with a solution of the submuriate of Quicksilver in Lime-water.†

The Impetigo erysipelatodes is alleviated by administering soon after its commencement, two or three gentle purgatives, and afterwards the Peruvian Bark, in powder, or a strong decoction of it with Sarsaparilla. In the Impetigo scabida, before the proper applications can be made to the arm or leg, it is necessary to soften and gradually remove the thick, rugged incrustation. This cannot always be accomplished by washing or fomenting, but we generally succeed by exposing the limb, for some minutes every day,

\* Jamaica Practice, page 235. Dr. D. observes that the disease "is certainly contagious, especially at the seat of Cloacina,"—that "it succeeds fevers," and that "it spreads widely, proving much more obstinate than the Itch."

† Thus, R<sub>j</sub>. Aquæ Calcis ℥j  
Hydrarg. submuriat. ʒiiss ad ʒii. solve.

day, to the steam of hot water. When the surface is cleared, it should be washed night and morning with warm water, and should afterwards be covered with oiled silk, a mild ointment being interposed, such as the Ung. Zinci, or Ung. Hydrargyri nitrati, lowered by the addition of three parts of ung. Ceræ. Plummer's Pill, and the Decoc-tum ulmi, Dulcamaræ, &c. will also be found very advantageous in this form of Impetigo, but the Sulphur Water at Harrogate, &c. is greatly preferable to any internal remedy with which we are yet acquainted.

FINIS.











*Porrigo scutulata.*

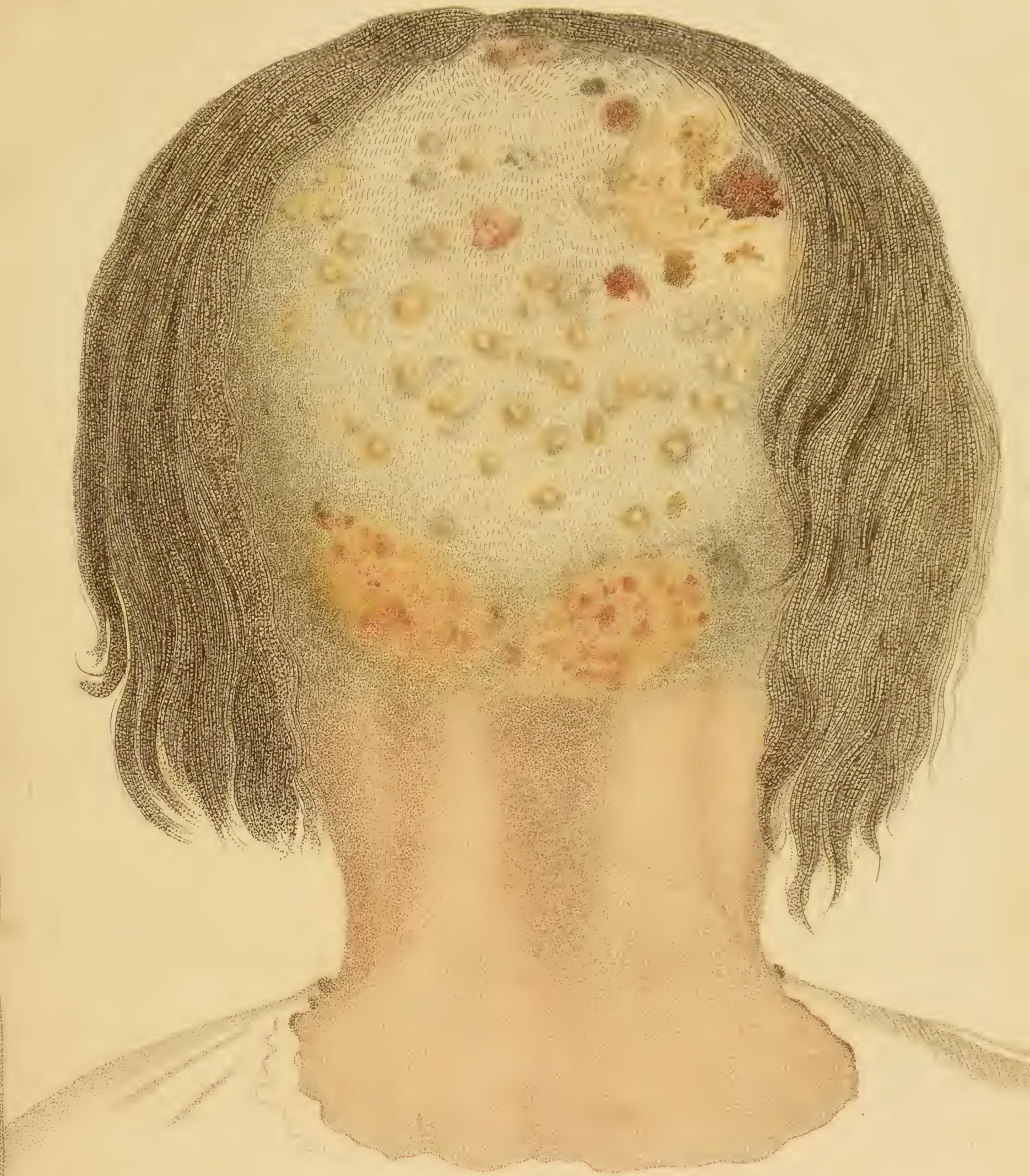












W. T. Strutt del

*Porriño favosa, affecting the head.*

London Published as the Act directs by E. Cox & Son St Thomas's St Boro! Oct. 7. 1841











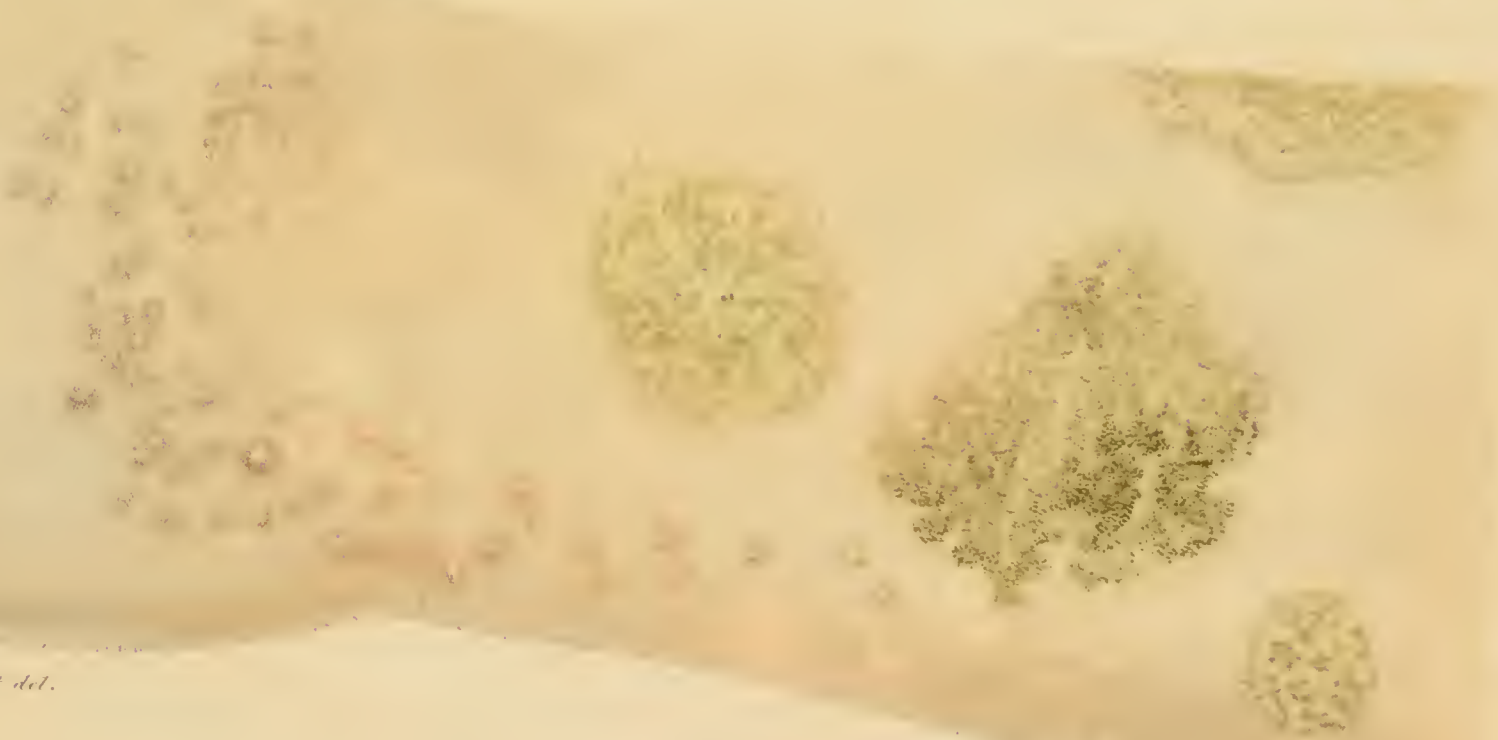


Fig 1



W. Darden del.

*First appearance of Impetigo sparsa.*



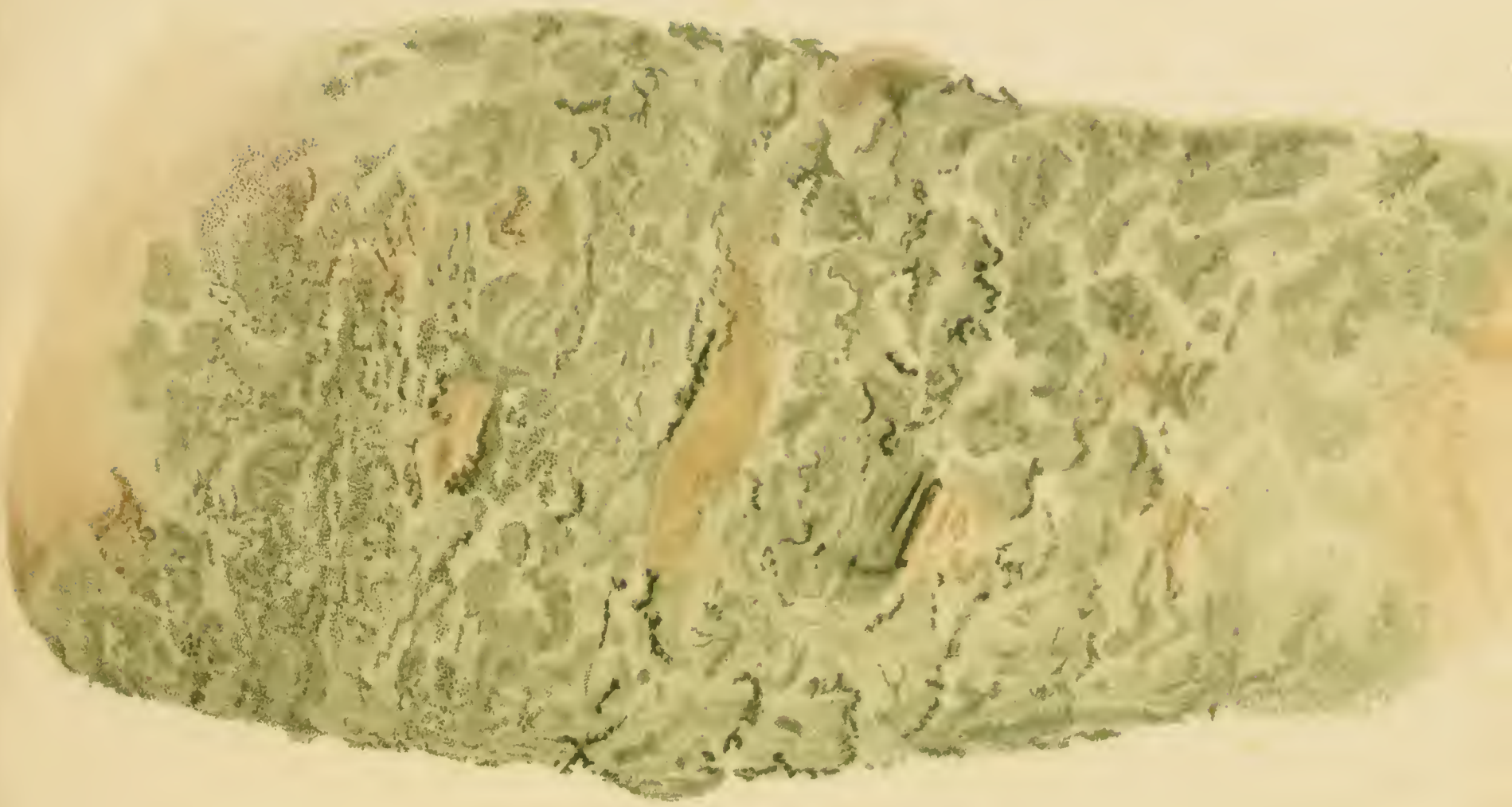
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*Fig. 2. Impetigo figurata.*





*Fig. 2. Impetigo scabida.*



*Fig. 1. Impetigo sparsa.*



























